

Exhibit B

Risk Coding Quick Reference Guide: Behavioral Health



The psychiatric illnesses with risk weight fall into four main categories: Depression, Bipolar Disorder, Schizophrenia and the Personality Disorders.

Major Depressive Disorder (& In Remission):

The formal term for a diagnosis of depression is Major Depressive Disorder. When using this diagnosis, it is important to include a specifier: mild, moderate or severe. **Avoid the terms “unspecified” and “other.” These are inaccurate terms and carry no risk weight.** If you aim for clinical accuracy, this will result in risk score maximization.

Patient self-reported symptoms, as measured by validated rating scales, are an appropriate way to categorize the severity of depression, as well as the level of response to treatment and whether the patient has achieved full or partial remission. The PHQ-9 is the most widely-used scale. The PHQ-2 is a *screening tool* for patients who have *not* previously been diagnosed with Depression. Patients who have been previously diagnosed with Depression or who newly screen positive on the PHQ-2 should be given a PHQ-9.

A PHQ-9 score of 4 or less indicates Remission. **Depression that is in remission carries the same risk weight as an active diagnosis of depression.** When a patient who has previously been diagnosed with Major Depressive Disorder (aka “Depression”) has improved to the point that no depressive symptoms at all remain present, the correct diagnosis is Major Depressive Disorder in Full Remission. If a patient has a score of less than 4, but still has a few minor symptoms of depression present, this is Major Depressive Disorder in Partial Remission. It is also acceptable to diagnose remission without using a PHQ-9 just by asking a patient if they feel any depressive symptoms, such as low mood, impaired sleep, impaired appetite or suicidal ideation, and if there are none – and this corresponds with the provider’s clinical impression – to diagnose Depression in Remission. Items that may also be considered when differentiating between full and partial remission without using a PHQ-9 include asking about any residual impairments in social and work functioning. The term “History of Depression” is overly vague and carries no risk weight.

It is important to specify Depression severity. This can be done by using the PHQ-9 score or by estimating based on clinical impression.

You can find the PHQ-9 at http://www.cqaimh.org/pdf/tool_phq9.pdf

Depression in Remission carries the same risk weight as active Depression.

Risk Coding for Depression, Single Episode

Instead of..		Consider any one of these (<u>Each hold a risk weight of 0.3</u>)	
ICD-10	Description	ICD-10	Description
F32.9	Major Depressive Disorder, single episode, unspecified	F32.0	Major Depressive Disorder, Single Episode, mild
		F32.1	Major Depressive Disorder, Single Episode, moderate
F32.89	Other specified depressive episode	F32.2	Major Depressive Disorder, single episode, severe
F32.8	Other depressive episodes	F32.4	Major Depressive Disorder, single episode, in partial remission
		F32.5	Major Depressive Disorder, single episode, in full remission

Risk Coding for Depression, Recurrent, or In Remission

Instead of...		Consider any one of these (Each hold a risk weight of 0.3)	
ICD-10	Description	ICD-10	Description
Z86.59	History of Depression	F33.0	Major Depressive Disorder, recurrent, mild
		F33.1	Major Depressive Disorder, recurrent, moderate
		F33.2	Major Depressive Disorder, recurrent, severe
		F33.40	Major Depressive Disorder, recurrent, in remission, unspecified
		F33.41	Major Depressive Disorder, recurrent, in partial remission
		F33.42	Major Depressive Disorder, recurrent, in full remission

****Anxiety:** Anxiety disorders (Generalized Anxiety Disorder, Panic Disorder, PTSD, etc.) **do NOT hold risk weight with MSSP, but they may with commercial populations.** Many EHRs display F41.8 (ICD- 10: "Other specified anxiety disorder") as "Depression with Anxiety" but since it is an anxiety disorder rather than a depressive disorder, it does not hold weight in MSSP populations.

Bipolar Disorder: All ICD-10 diagnoses for Bipolar Disorder (F30.xx and F31.xx) carry risk weight. There are no terms related to these disorders that will result in an unweighted risk code.

Psychotic Disorders: All ICD-10 diagnoses for Schizophrenia and Schizoaffective Disorder (F20.x and F25.x) carry risk weight. There are no terms related to these disorders that will result in an unweighted risk code.

Personality Disorders: All ICD-10 diagnoses for Personality Disorders (F60.xx) carry risk weight. There are no terms related to these disorders that will result in an unweighted risk code.

- ✓ F60.0 Paranoid personality disorder
- ✓ F60.1 Schizoid personality disorder
- ✓ F60.2 Antisocial personality disorder
- ✓ F60.3 Borderline personality disorder
- ✓ F60.4 Histrionic personality disorder
- ✓ F60.5 Obsessive-compulsive personality disorder

- F60.6 Avoidant personality disorder
- ✓ F60.7 Dependent personality disorder
- ✓ F60.81 Narcissistic personality disorder
- ✓ F60.89 Other specific personality disorders
- ✓ F60.9 Personality disorder, unspecified

Summary of Behavioral Health HCCs:

Hierarchical Condition Category	Weight
Major Depressive, Bipolar and Paranoid Disorders	0.3
Schizophrenia	0.5
Personality Disorders	0.3